



Alabama Thoracic Surgery

CONSENT FOR TREATMENT

I authorize Alabama Thoracic Surgery, LLC, under the direction of its licensed healthcare providers to provide diagnostic evaluation and treatment to me using its qualified staff.

I understand that I have the right to refuse any treatment, procedure, and/or diagnostic test.

I further understand and accept, that no guarantee is made or inferred to me regarding any possible result or cure based on my examination and/or treatment.

Patient Name (Print): _____

Signature: _____

Date: _____

If patient is a minor, Guardian must sign below:

Guardian Name (Print): _____

Signature: _____

Date: _____